

10/08/01
JCT772 U.S. PTO

05-02-01

A

UTILITY PATENTAttorney Docket **APPLICATION 2132.038****TRANSMITTAL** FIRST NAMED INVENTOR
OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al

TITLE: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1525 DALTONS**
EXPRESS MAIL LABEL NO.: **EI608094606US**Date submitted: **04/30/01****APPLICATION ELEMENTS**

(See MPEP chapter 600 concerning utility patent appln.)

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification 36 Total Pages
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 USC 13) 2 New Sheets
4. Decl./Pow. of Att. 2 Total pages (COPY)
 - a. Combined Executed (original or copy) for C-I-P application
 - b. Copy from a prior appln. (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

[Note Box 5 Below]**I. Deletion of Inventor(s)**

Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b)

15. Certified Copy of Priority Document(s)
(If foreign priority is claimed)

16. Other: _____

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. Or Attach bar code label here) Cust. #21917

NAME: Michael A. Slavin
McHale & Slavin, P.A.

ADDRESS: 4440 PGA Blvd., Suite 402

CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410

COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

JC996 U.S. PTO
09/846779

04/30/01

FEE TRANSMITTAL for FY2001

Date: 04/30/01

Total Amount DUE: \$ 355.00

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

Charge any additional Fee required under 37 CFR 1.15 and 1.17 Applicant claims small entity status. See. 37 CFR 1.27

2. Payment Not submitted

Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION/FEE PAID
101	710	201	355	Utility filing fee <u>355</u>
106	320	206	160	Design filing fee _____
107	490	207	245	Plant filing fee _____
108	710	208	355	Reissue filing fee _____
114	150	214	75	Provisional filing fee _____

SUBTOTAL(1) \$355.00

Fee from

2. CLAIMS

Extra below Fee Paid

Total Claims 2 20 = -3- x 9 = \$ -0-

Independent 1 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 _____ x _____ = \$ -0-

Claims

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION
----------	----------	----------	----------	-----------------

103	22	203	11	Claims in excess of 20
102	82	202	41	Ind. Claims in excess of 3
104	270	204	135	Mult. Dependent claim
109	82	209	41	Reissue Independent Claims over Original Patent
110	22	210	11	Reissue Claims in excess Other fee (specify) _____

20 and over original patent

FEE SUBTOTAL(2) \$ 355.00 *Reduced by Basic filing fee **SUBTOTAL(3) _____** SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. Slavin

Application Number : N/A

Filing Date : N/A

First Named Inventor: Jackowski et al

Group Art Unit : N/A

Examiner Name : N/A

Attorney Docket No. 2132.038

FEE CALCULATION (continued)

3. ADDITIONAL FEES:

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	FEE DESCRIPTION
105	130	205	Surcharge - late filing fee/oath
127	50	227	Surcharge - late provisional filing fee or cover sheet.
139	130	139	Non-English specification
147	2520	147	For filing a Request. for Exam.
112	920*	112	Req. publication of SIR prior Examiner Action
115	110	215	Extension - first month
116	400	216	Extension - second month
117	950	217	Extension - third month
118	1510	218	Extension - fourth month
128	2060	228	Extension - fifth month
119	310	219	Notice of Appeal
120	310	220	Brief in support of Appln.
21	270	221	Req. for Oral Hearing
138	1510	138	Petition to Institute Public Use Proceeding
140	110	240	Pet. to revive - unavoidable
141	1320	241	Pet. To revive - unintentional
142	1320	242	Utility Issue Fee
143	450	243	Design Issue Fee
144	670	244	Plant Issue Fee
122	130	122	Petitions to Commissioner
123	50	123	Petitions re: Provisional
126	240	126	Sub. Of Infor. Discl. Stmt.
581	40	581	Record. Patent Assign. Per property
146	290	246	Filing a Submission After Final rejection (37 CFR .129(a))
149	790	249	395 For each addnl. invention to be examined (37 CFR 1.129(b))
			Other fee (specify) _____

Typed or printed Name: Michael A. Slavin Reg. No. 34,016

Signature: _____ Date: 04/30/01 Dep. Acct.: _____

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL608094606US

I HEREBY CERTIFY that the following correspondence: ***UTILITY APPLICATION TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate; RETURN-RECEIPT postcard;*** regarding the Application entitled: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1525 DALTONS** is being deposited with the United States Postal Service as EXPRESS MAIL, POST OFFICE TO ADDRESSEE, in an envelope addressed to:

Commissioner of Patents & Trademarks
Box Patent Application
Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A.
4440 PGA BLVD. SUITE 402
PALM BEACH GARDENS, FL 33410
(561) 625-6575

Cathy Nicholson
Legal Assistant

